



# EQUAL HEALTH:

## Monthly Informer

JUNE 2006

### PROSTATE CANCER

## THE SECOND MOST FREQUENT CAUSE OF DEATH FROM CANCER AMONG MEN IN THE U.S.

Every year more than twice as many Black than White men die  
of cancer of the prostate in the United States.

**Uniformed Services University of the Health Sciences**  
**Center for Health Disparities Research & Education**  
*Community Outreach & Information Dissemination Core*

Centers of **EX**cellence in **P**artnerships for **C**ommunity **O**utreach, **R**esearch on  
Health Disparities, and **T**raining program (Project **EXPORT**)

# Prostate Cancer

## **What is Prostate Cancer?**

- Prostate cancer is a medical diagnosis of a malignant tumor growing in the prostate gland.
- It is a condition that affects only men since women do not have prostate glands.
- The risk of developing cancer of the prostate increases with age and is highest among African Americans.

## **Prostate cancer in Blacks, Hispanics and Whites**

Black men in the United States have the highest incidence of cancer of the prostate in the world! This abnormally high rate of prostate cancer makes this form of cancer a leading health disparity among African Americans compared to Hispanics and Non-Hispanic Whites. As a result each year more Black than White or Hispanic men die of prostate cancer making prostate cancer the second most frequent cause of cancer deaths among African American men. The reason for this racial difference is unknown. Some experts suggest that it results from Black men having fewer medical annual examinations than Whites; others suggest that it is genetically influenced. These explanations have not been scientifically proved or disproved.

## **Cancer of the prostate can be cured if detected and treated early.**

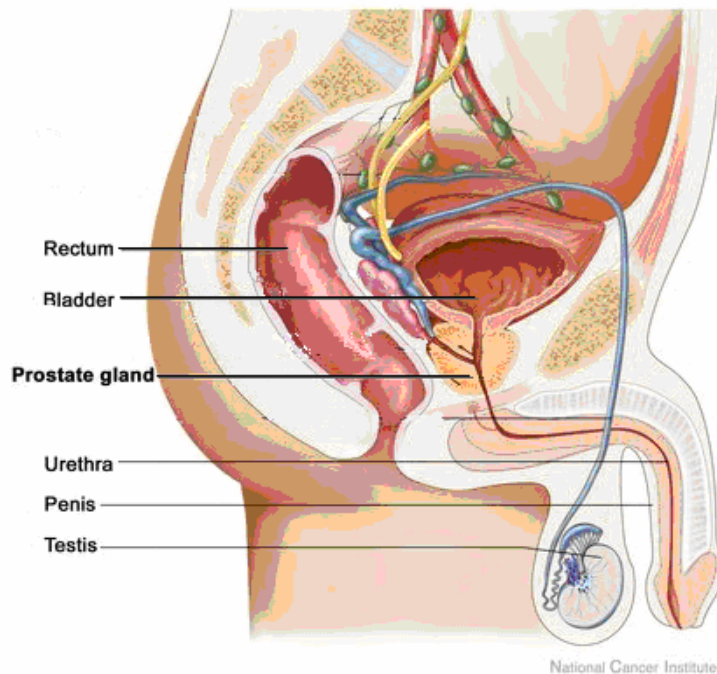
The chance for a complete cure from prostate cancer is greatest if the cancer is detected early, when the tumor is still small, and

limited to the prostate gland alone.

To accomplish early detection among men at high risk of prostate cancer, the American Urological Association and the American Cancer Society recommend that African American men or any men with a family history of prostate cancer, start annual screenings for PSA at age 40 years. All other men are recommended to start annual screening at age 50 years.

### **Screening for prostate cancer**

Scientific studies support the recommendation to start screening African Americans for cancer of the prostate at a younger age than



men in other racial groups because of the marked racial disparity in prostate cancer.

There are two common ways to screen for cancer of the prostate:

### **1. PSA blood test**

The PSA is a laboratory test that measures a special protein called “Prostate Specific Antigen” that is produced by the cells of the prostate gland. The test is done on a blood sample where PSA is normally found in very small concentrations of less than 4 nanograms per milliliter of blood ( $<4\text{ng/ml}$ ). A very high blood level of PSA in the blood is considered abnormal and raises the possibility of cancer of the prostate. Other tests must be performed before the diagnosis is made.

### **2. Digital Rectal Examination (DRE)**

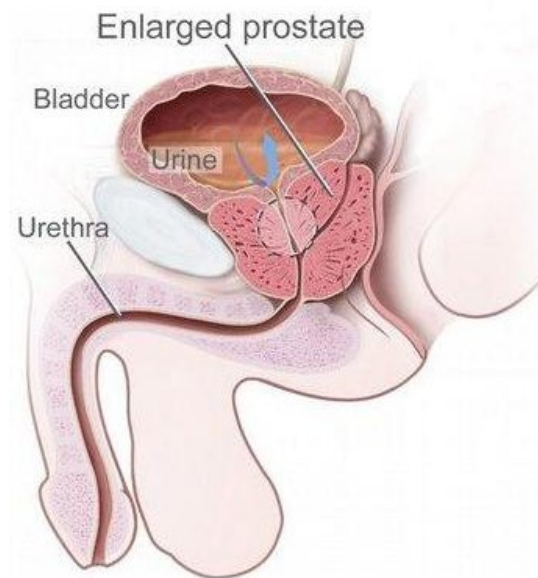
The digital rectal examination or DRE is the oldest screening method for prostate cancer. It can be uncomfortable and/or embarrassing to most men. However, despite this inconveniences, it should be part of the complete medical examination of every mature man. Some discomfort or embarrassment are a small price to pay for a possible early diagnosis, a high probability of successful treatment and a possible cure with few complications.

On a DRE the most significant findings are palpation of gland that is irregular, has a hard surface, and one or more hard nodules. The normal gland of mature men is usually large but

feels rubbery to the touch and has a smooth, even, and rounded surface.

### **The risk of prostate cancer increases with age**

Annual screenings are important to detect changes in the size and quality of the gland or increasing levels of PSA that may suggest cancer.



### **The diagnosis of prostate cancer**

When cancer of the prostate is suspected because of abnormal findings on DRE or an abnormally high PSA result, other tests are performed to confirm the diagnosis. The PSA test is highly sensitive for PSA which may increase in other conditions of the prostate unrelated to cancer. The high sensitivity of the test maximizes the

benefit of an early diagnosis which is necessary to increase the chance of a successful treatment and a possible cure.

### **Treatment of prostate cancer**

Once the diagnosis of prostate cancer is established, the cancer can be treated in one or more different ways. Most common treatments are based on surgical procedures, radiation therapy, chemotherapy or a combination of them and even others. The preferred treatment for a particular patient will depend on the characteristics of the tumor when it is first detected. Earlier tumors are smaller and only involve the prostate gland while tumors discovered later are larger, may involve other tissues surrounding the gland, and may even involve other organs such as bones.

### **Tips for improving the chances of a cure from prostate cancer**

Since different treatments for prostate cancer are possible it is important for patients to ask their doctor about the different treatment options available for their particular tumor. Be aware that all medical treatments are most effective when patients become actively involved in their own care. In the case of prostate cancer active involvement should include:

- participating in choosing the treatment of their tumor.
- learning about the possible complications associated with each particular treatment available to them.

- learning about the expected outcomes and chances for a possible cure or recurrence of the cancer reported for each treatment.

### **Ask your doctor about possible complications of each possible treatment for your cancer**

Different surgical and other treatments for prostate cancer may be associated with different complications. For example, one frequent complication of some types of surgery which is of major concern to men is sexual impotence.

Once the diagnosis of cancer of the prostate is established you will be referred to a specialist in cancer for treatment and management. The treatment options for prostate cancer are well known to these specialists which may include urologists—highly specialized surgeons trained to treat diseases and conditions of the male genital and urinary systems— oncologists, who are medically trained specialists in the diagnosis, treatment and management of cancer patients and other highly specialized doctors and health care providers.

### **If you are treated for cancer of the prostate**

- You need to be examined regularly to monitor your general health.
- You must keep all your appointments which are necessary to follow how your cancer is responding to treatment and to help your physicians detect any possible complications related to the treatment you are receiving.

**For more information about cancer and other conditions of the prostate gland visit the following websites:**

MedLine Plus —Prostate cancer information center in English and Spanish at

<http://www.nlm.nih.gov/medlineplus/prostatecancer.html>

National Cancer Institute– General information about prostate cancer (English and Spanish). At

<http://www.cancer.gov/cancerinfo/pdq/treatment/prostate/patient/>

## **Reference**

Moul JW, Sesterhenn IA, Conelly RR, Douglas T, Srivastava S, Mostofi F and McLeod DG. Prostate-specific antigen values at the time of prostate cancer diagnosis in African American Men. JAMA 1995;274:1277-1281.



# Mission of the Center

**T**he Uniformed Services University Center for Health Disparities Research and Education (USUCHD) aims to promote health-related change and ultimately reduce health disparities among racial and ethnic minorities through research, education, training, and community outreach and information dissemination.

## Community Outreach and Information Dissemination Core

The core's general objective is to actively involve community partners in research, training opportunities, and educational offerings to maximize the understanding and reduction of health disparities in minority populations. This broad objective is achieved through multiple activities, including the extraction, synthesis and compilation of relevant materials and information from the other primary EXPORT Center Components. The activities respond to specific operational objectives established each year in response to the accumulated experience of the community outreach team, the health concerns and needs of our community partners and the Community Based Organization with whom we work collaboratively to reduce health disparities among racial and ethnic minorities.

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